

**QA State Interpreter Certification Program  
Department of Labor and Economic Growth  
Division on Deaf and Hard of Hearing**

Michigan Deaf Association  
Michigan Registry of Interpreters for the Deaf

**Fee Schedule: \$70.00 Michigan Residents \$120.00 Non-Michigan Residents (Effective 2/17/06)**  
**Non sufficient funds-NSF fees will apply**

|   |       |  |   |  |
|---|-------|--|---|--|
| AUTHORITY: P.A. 203 OF 1982<br>COMPLETION: Mandatory<br>PENALTY: Non-Participation in Program   |       | FOR OFFICE USE ONLY  |   |  |
|   |       | DATE RECEIVED  | DATE SCHEDULED  | AMOUNT PAID                            |
|   |       | LEVEL ACHIEVED   |   | CHECK NO.                              |
| Instructions: Please complete the following information as accurately as possible. Type or print.<br>Enclose the application fee as required. <b>Make check payable to MI QA.</b> Send check and application to:<br><b>Michigan/QA; P.O. Box 12083: Lansing, MI 48901-2083</b>  |       |  |   |  |
| NAME  |       | E-MAIL ADDRESS   |   |  |
| ADDRESS (Street No. and name)   |       | SOCIAL SECURITY NO.  |   |  |
| CITY  | STATE | ZIPCODE  | COMMUNICATION MODE PREDOMINANTLY USED<br><input type="checkbox"/> ASL <input type="checkbox"/> SEE I,II <input type="checkbox"/> PSE <input type="checkbox"/> OTHER SPECIFY |  |
| HOME PHONE (include area code)  |       | BUSINESS PHONE (include area code)   |   | DO YOU SIGN ON A REGULAR BASIS? WHERE? |
| CHECK SITUATIONS WHERE YOU HAVE INTERPRETED IN THE LAST THREE YEARS.<br><input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> LEGAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> PLATFORM <input type="checkbox"/> DEAF/BLIND <input type="checkbox"/> MLS<br><input type="checkbox"/> ADMINISTRATIVE <input type="checkbox"/> SOCIAL <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> INFORMAL <input type="checkbox"/> OTHER SPECIFY: |       |  |   |  |
| MEMBERSHIP<br><input type="checkbox"/> MICHIGAN REGISTRY OF INTEPRETERS FOR THE DEAF (MIRID)<br><input type="checkbox"/> NATIONAL REGISTRY OF INTERPRETERS FOR THE DEAF (RID)<br><input type="checkbox"/> MICHIGAN DEAF ASSOCIATION (MDA)   |       |  |   |  |
| RID CODE OF ETHICS  |       | ARE YOU FAMILIAR WITH THE CODE OF ETHICS AND GUIDELINES AS ESTABLISHED BY RID?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |
| HAVE YOU COMPLETED AN INTERPRETER TRAINING PROGRAM? IF YES, GIVE PROGRAM AND GRADUATE DATE.<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |       | NAME OF PROGRAM  |   |  |
|   |       | DATE OF GRADUATION   |   |  |
| ARE YOU CURRENTLY ENROLLED IN AN INTERPRETER TRAINING PROGRAM? IF YES, GIVE PROGRAM AND EXPECTED GRADUATION DATE.<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO   |       | NAME OF PROGRAM  |   |  |
|   |       | DATE OF GRADUATION   |   |  |
| IS THIS YOUR FIRST APPLICATION TO QA? IF NO, GIVE LAST TIME YOU TOOK QA AND LEVEL ACHIEVED. <input type="checkbox"/> YES <input type="checkbox"/> NO  |       |  |   |  |
| APPLICANT'S SIGNATURE   |       |  |   | DATE                                   |